

No. W 101147	Due no later than Mar 31, 2012 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. OCONIK, LLC FAMILY EYECARE SPECIALISTS PLLC 420 E ELM ST CALDWELL ID 83605	FAMILY EYECARE SPECIALISTS PLLC 420 E ELM ST CALDWELL ID 83605				
		3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	WILLIAM T BLACK	420 E ELM STREET	CALDWELL	ID	USA	83605
5. Organized Under the Laws of: ID W 101147	6. Annual Report must be signed.* Signature: William T Black Name (type or print): William T Black		Date: 01/10/2012 Title: Owner			
Processed 01/10/2012		* Electronically provided signatures are accepted as original signatures.				